

**WHO'S WATCHING THE KIDS? DEPENDENT CARE OPTIONS FOR THE
MINNEAPOLIS FIRE DEPARTMENT**

EXECUTIVE DEVELOPMENT

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An applied research project submitted to the National Fire Academy
as part of the Executive Fire Officer Program.

June 2003

ABSTRACT

The problem was the lack of easily accessible, 24-hour, dependent care available on short notice could leave the Minneapolis Fire Department (MFD) short staffed. The purpose was to determine how the MFD could assist employees in providing easily accessible, 24-hour dependent care available on short notice. This was a descriptive research project. The research questions were:

1. What are the dependent care needs of the MFD?
2. What are the current employer-provided or employer-assisted dependent care models that are in use in other organizations?
3. Which components of the current dependent care models would meet the needs of the MFD?

The procedures include a literature review and a dependent care survey of the MFD. The survey and its results can be found as Appendix A and Appendix B, respectively. An email request for information on dependent care programs was posted on the Women in the Fire Service electronic bulletin board (Appendix C). A similar request was emailed to fire departments across the nation (Appendix D).

Results of the literature review yielded a number of dependent care models currently in use. Email requests for information on dependent care specific to the fire service found three departments with dependent care spending accounts. There were 62 respondents to the Minneapolis survey. Respondents reported quality care, hours of availability, and flexibility in scheduling as the most important factors in selecting dependent care. They reported they would most like to see a centrally located facility, school age care, drop-in care, and an employer subsidy in a dependent care program.

The recommendations were for the MFD to conduct a complete dependent care needs assessment, to create a resource and referral program, to hold educational seminars on the dependent care spending account currently available, and to examine the feasibility of creating a family care network.

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INTRODUCTION

The problem is the lack of easily accessible, 24-hour, dependent care available on short notice may leave the Minneapolis Fire Department (MFD) short staffed. The purpose of this research project is to determine how the MFD could assist in providing easily accessible, 24-hour, dependent care, which is available on short notice for its fire fighters. This is a descriptive research project. The research questions are:

1. What are the dependent care needs of the MFD?
2. What are the current employer-provided or employer-assisted dependent care models that are in use in other organizations?
3. Which components of the current dependent care models would meet the needs of the MFD?

BACKGROUND AND SIGNIFICANCE

“The last three decades have been years of major cultural, social and economic change. Families are changing, the labor force is changing, and the workplace is changing” (Sher & Fried, 1994, p.8). The Bureau of Labor Statistics (1998) reports that of the 29 million U.S. families, 41% had children under the age of 14; and in half of these families either both parents worked, or a single working parent headed the family. The changing work place demographics have forced employers to “recognize that many of their workers are also parents and addressing their child care needs is important and makes good business sense” (United States Department of Labor [USDOL], 1998, p.1).

“While it is difficult for many parents to find affordable and high-quality child care, the problem is magnified when they work non-standard hours” (Bookman, 1995, p.1). This becomes

an even greater issue for what Crawford (1990, p.5) refers to as the “sandwich generation”. This is the generation that is simultaneously responsible for childcare and care of elderly parents, all while continuing to maintain careers. “Businesses lose billions of dollars each year because of increased absenteeism...resulting from workers trying to manage both their family and work responsibilities” (Charlotte-Mecklenburg Workforce Development Board, 2002, p.1).

The fire service has not been immune to these societal changes. The MFD, for example, has gone from having a work force that was 99.9% white male in 1972 to today’s work force that includes 20% women and 35% people of color (Forte & Bleskachek, 2002). As with the rest of the nation’s employers, this has forced the MFD to consider the effect of their employees’ dependent care needs.

The MFD is a full time professional emergency service organization that provides service for a metropolitan population of 370,000 people located over 59 square miles. The department has 381 people assigned to fire suppression and responded to 33,454 calls for service in 2002 (Minneapolis Fire Department, 2003).

With the advent of homeland security concerns, the MFD, like many fire departments across the nation, is considered the front line of defense. It becomes critical to have the response personnel available for a major event. A test conducted in 2001 of the system used to call off-duty MFD firefighters back for major incidents, found that less 25% were able to respond. Many of the firefighters that were unable to respond stated that they were unable to find childcare (Minneapolis Fire Department, 2001). Clack (2001) notes that the MFD “was experiencing an increase in sick leave usage by firefighters...impacting the fire department’s ability to provide quality emergency service for the citizens of Minneapolis” (p.2). Clack also states, “full time emergency services organizations must manage reduced service delivery and increased

emergency response times as a result of shortages in daily staffing” (p.6). The issue of sufficient personnel is exacerbated by the recent layoffs of 45 MFD fire fighters. Looking to the future, the problem could worsen, as it is anticipated that another 60 fire fighters will be laid off in 2004.

The importance of this study is to determine the current dependent care needs of the MFD, to investigate what dependent care models exist, and to recommend the framework upon which a dependent care program could be built.

This applied research project relates to the organizational change model taught in the *Executive Development* course. This model speaks to the need for organizations to monitor and respond to the changes that are occurring within society. It further encourages executives to understand how these changes are reflected within the organization (National Fire Academy [NFA], 1998). This study will explore one area of recent change within society, the blurring of the boundary between work and family, and how that impacts the MFD.

This project relates to the United States Fire Administration operational objective “to reduce the loss of life from fire of fire fighters” (NFA, 2002, p. II-2) by addressing a means by which more fire fighters may be able to respond to emergency incidents, both everyday incidents, as well as major ones.

LITERATURE REVIEW

The purpose of this literature review is to set a practical foundation and to determine the best practices in dependent care. Three questions are addressed. First, what are the dependent care needs of the MFD? Second, what are the current employer-provided or employer-assisted models of dependent care in use in other organizations? Finally, which components of the current dependent care models would meet the needs of the MFD?

There is virtually no literature on the dependent care needs of the MFD, other than Clack (2001), who addressed sick leave usage on the MFD and raised the question of how much sick leave usage can be attributed to the inability to find child care. Sher and Fried (1994) list a four-step needs assessment consisting of an examination of both the employee and employer needs. Crawford takes a different stance stating “the nature of our response to the dependent care assistance issue is driven, in large measure, by the nature of our society’s values” (Crawford, 1990, p.125). Another approach to needs assessment is that taken by the National Women’s Law Center ([NWLC], n.d.), which advocates comparing the dependent care available to that of the Department of Defense’s Military Model of Child Care. Fire service specific literature recommends a three-part decision-making model based on management objectives, parents’ needs, and community resources (Lasha, 1990).

There are a number of resources that illustrate current models of employer-assisted or employer-provided dependent care. The USDOL (1998) lists the 40 best practices in dependent care in the report *Meeting the Needs of Today’s Workforce*. Bookman (1995) discusses dependent care models designed to address the needs of parents who work non-standard hours. While not necessarily addressing the needs of those working outside 9 to 5, Working Mother (2003) lists the 100 best companies for working mothers. The Department of Defense’s Military Model of Child Care is yet another model of dependent care found in the literature review (NWLC, n.d.). While there were very few models of dependent care within the fire service, Smith (1990), Larson (1994), and Lasha (1990), all discuss the need for such models as well as the steps recommended to create such programs. Albertson (1996), Marinucci (1994), and Stevens (1992), make reference to dependent care programs that have been or could be created

for the large emergency incident. Finally, Women in the Fire Service ([WFS] 1996) list a few dependent care programs that are in the process of being created.

In answer to the question of which components of the current employer-provided or employer-assisted dependent care models would best meet the needs of the MFD, it is relevant to keep in mind Kelly's (2003) discussions. Kelly highlights the tension between an organization's social motivation to provide a dependent care program and the fiscal implications of doing so.

Sher and Fried (1994) present a decision-making model for the business executive contemplating an employer-sponsored dependent care program. This model starts with an examination of the corporate culture and progresses through an employee needs assessment. The model continues with a market analysis of available caregivers and ends with an evaluative process to determine the best option(s).

Crawford (1990) discusses the implementation of policies and programs governing employer-sponsored dependent care programs. She warns:

providing workers with caregiver services and implementing these services do not take place without problems and obstacles....the services must be set up with the particular labor pool in mind and workers need to know about the services to maximize their use.
(p. 81)

In terms of dependent care programs for those working non-standard hours, Bookman (1995) presents three types of dependent care models that employers might consider. The first is the single employer model designed for a single company's work schedule. The next is the employer consortium in which the members pool resources and knowledge to conduct joint childcare projects. Finally, there is the community partnership model. This model relies on a

variety of stakeholders within the community to each play a role in finding a solution to the dependent care issue.

The National Women's Law Center (n.d.) suggests that any dependent care program be compared to the Department of Defense's Military Childcare Model. The hallmarks of this model are its emphasis on high quality, the variety of types of care available through a single entry point, and its affordability (Military Family Resource Center, n.d.).

In summary, there is more than one model that would suffice to conduct a needs assessment of the MFD regarding dependent care. A preliminary step is to implement a survey instrument. There are a wide range of dependent care models currently in use in private industry, the military, and the fire service. This range of dependent care programs can be matched to the needs of the MFD. An evaluation of the components of the various models, an examination of some industry best practices, and an understanding of the financial implications could determine the viability of each program.

PROCEDURES

When initiating this research project, the author began with the idea of researching childcare in the fire service. As the research progressed, it became obvious that dependent care was becoming a larger issue in society and would be more relevant as the research topic.

A literature review was conducted utilizing the WebPALS system, the National Fire Academy Learning Resource Center, and multiple computer searches. Due to the limited results for dependent care models within the fire service, the researcher placed a request for information on the Women in the Fire Service web site bulletin board (Appendix C). An email request for

information on dependent care programs in use in the fire service was sent to 20 fire departments across the nation (Appendix D).

After the literature review was conducted on dependent care needs assessments, it was determined that a survey instrument would be necessary to assess the dependent care needs of the MFD.

Survey Form

Following the guidelines set forth by Babbie (2001), a survey instrument (Appendix A) was designed by the author to determine the dependent care needs of the MFD. As suggested by Babbie, the survey was then reviewed to reduce bias and increase clarity. The review was conducted by Minneapolis Fire Department Deputy Chief James Clack, EFO candidate; Steve Nutting, test developer, Human Resources Department, City of Minneapolis; and Cheryl Paulin, test developer, Personnel Decisions Research Incorporated. The survey was then administered to ten individuals not affiliated with the MFD to determine if further refinement of the instrument was necessary.

Population

The survey was sent to all MFD personnel via email in March of 2003 and then a follow up was conducted for those who had not responded in May of 2003. The total population for this study was approximately 400. Had this been a random sample, “a sample of 10 percent of the total population is considered minimum” (Gay, 1999, p.114). Since the entire population was surveyed, the response rate becomes important. Babbie (2001) states that there is a great degree of controversy as to acceptable response rates, but says that, “a demonstrated lack of response bias is far more important than a high response rate” (p.256). The refinement of the survey should have reduced the response bias.

Statistical Analysis

Descriptive statistics were used to calculate and interpret the data generated from the survey instrument. The survey results can be found in Appendix D. The raw data and percentages are reported. All comments are reported exactly as written on the survey forms.

Assumptions and Limitations

It was assumed that all respondents would answer the survey instrument honestly. It was further assumed that the respondents had a general understanding of the words and rating methodology used in the survey.

Another limiting factor was the response rate of the MFD dependent care survey. While the entire MFD was emailed a survey, it is difficult to ascertain how many actually received the survey due to the MFD personnel's relative lack of familiarity with electronic communication. Layoffs of MFD fire fighters during this study may have limited the number of respondents and further impacted the perceived value of this research.

Some of the questions in the survey instrument were forced choice and may not represent all options or factors that the respondents consider when contemplating dependent care.

This study was limited in focus to career fire departments, and was limited by the number of fire departments that responded to requests for information on dependent care programs.

While the research topic is dependent care, this study is somewhat limited in scope to childcare. Elder care was a secondary consideration in this study.

There was relatively little information on dependent care for non-standard hours or dependent care for the fire service. Aside from limiting this study, it forced the author to use sources that were less recent.

Definitions

Back-up childcare- care for healthy children when the provider is unable to care for the children

Call back- notifying fire fighters of the need to report for duty due to a major emergency incident

Childcare- supervised care of dependents under the age of 18

Dependent- a person who can be claimed as a dependent on a federal tax return

Dependent care spending account- an account that allows the employee to put money into a fund on a pre-tax basis that can then be used to pay for dependent care

Elder care- supervised care of dependents over the age of 18, but primarily those that are beyond retirement age

On-site childcare- employer provided childcare center located on the employment campus

Sick childcare- care provided when the child is sick and the regular caregiver refuses to care for the child

RESULTS

To answer to the first research question, what are the dependent care needs of the MFD; the author conducted a survey of the MFD personnel (see Appendix B for complete results). There were 62 respondents for the estimated population of 400 MFD personnel. This represents a 15.5% response rate. Of the 62 respondents, 44 or 71% reported having at least one dependent. Forty-one or 66% of the respondents felt that the issue of dependent care was very important or important. It is interesting to note, while no respondents with dependents reported finding

dependent care an unimportant issue, nine of the eighteen respondents who did not have dependents reported finding dependent care to be very important or important. Thirteen of seventeen or 76% of the women respondents rated dependent care as very important or important. Men tended to place somewhat less importance on dependent care with 27 of 45 or 60% rating it as very important or important.

Another indicator that dependent care is an important issue for the MFD, aside from 66% of the respondents stating so, is the number of sick leave days the respondents reported using to care for a dependent. Twenty-four of the 44 respondents that had dependents (55%) used at least one sick day since January 1, 2000, to care for a dependent. Of those who reported having used sick leave to care for a dependent, 88% (21 of 24) reported using two or more shifts.

In ranking factors in terms of importance when selecting dependent care, the respondents listed quality of care as the primary concern. The respondents ranked the seven factors as follows:

- 1) Quality of care
- 2) Hours available
- 3) Scheduling flexibility
- 4) Location of care giver
- 5) Licensed care giver
- 6) Cost
- 7) After school care

In response to what they would most like to see in employer-sponsored dependent care, the respondents reported that a centrally located facility was most important. After school care

was second in importance. Availability of drop-in care and employer subsidization had the same response rate and were ranked third. The complete list is as follows:

- 1) Centrally located in Minneapolis
- 2) School age care available
- 3) Drop in care available/employer subsidized
- 4) Infant/preschool care available
- 5) 24-hour care available
- 6) Adult care available
- 7) 48-hour care available
- 8) On site care available

In examining how dependent care is paid for, the survey showed that only five people reported using the existing MFD dependent care spending account. Of the 33 who reported paying for dependent care, 23 or 70% paid for it out of pocket. Of the 42 reports as to who provided the dependent care, 33 or 79% stated that respondent's family or spouse/partner were the providers.

The second research question asks what are the current employer-provided or employer-assisted dependent care models currently in use in other organizations. The posting on the Women in the Fire Service bulletin board yielded no responses. In response to the email inquiry, 15 of the 22 departments polled responded. Of the respondents, only three reported offering any type of employee assistance for dependent care. Portland, Oregon, offers city-sponsored childcare at a centrally located facility (City of Portland, 2002). This childcare center is open from 6:30 a.m. until 7:00 p.m., and is available on a first come, first serve basis. Kansas City,

Missouri, reported having a dependent care spending account (T. Estrada, personal communication, May 23, 2003), as did San Diego, California (P. Nunez, personal communication, May 23, 2003).

The Suisun City Fire Department, California, uses a mobile day care center in the event that the department needs to call in fire fighters (Stevens, 1992). The Santa Barbara Fire Department, California, has implemented a dependent care program that is used for major events. This program consists of a pre-planning phase to prepare the family for the fire fighter's absence, a mutual aid component during which other fire fighters will check on the fire fighter's home and family, and a telephone verification phase during which fire department staff will call to check up on the fire fighter's family (Albertson, 1996). The researcher also found reference to some proposed dependent care programs, but was unable to determine if these are active programs. The proposed programs include emergency operations programs for Wheat Ridge Fire Department, Colorado, (Larson, 1994) and Pikes Township Fire Department, Indiana (Smith, 1990). These two proposed programs would be similar to the Santa Barbara program.

The final fire service reference was to a childcare facility that the Los Angeles Fire Department (LAFD) was working to build on its training facility. The LAFD conducted a childcare survey in 1999 and the results "validated a need for a LAFD childcare facility" (Los Angeles Fire Department, 1999, p.2). This facility was a joint project with the Los Angeles School District and was still in the planning stages in winter of 2001 (Mathis, 2001). The author could find no reference to the completion of this project.

The literature review for employer-sponsored dependent care programs for the private sector was much more productive. The USDOL (1998) report on childcare best practices lists

40 employers that have instituted childcare programs for their employees. The report distinguishes the following eleven types of programs:

- 1) On-site care
- 2) Back-up care
- 3) School-age care
- 4) Sick childcare
- 5) Non-standard hours care
- 6) Paid family leave
- 7) Resource and referral
- 8) Childcare discounts/reimbursements
- 9) Children in the workplace
- 10) Collaborations
- 11) Assistance for students/trainees/low-wage workers

The size of the companies highlighted in this report varies from worldwide firms with hundreds of thousands of employees to those with one location and less than ten employees.

Bookman (1995) discusses childcare for employees working non-standard hours. This report delineates three models of employer-sponsored childcare and lists two or three best practices within each model. The models that Bookman describes are the single employer model, the employer consortium model, and the community partnership model. Bookman's report outlines the childcare programs of seventeen companies.

The final area that the author searched for potential dependent care models was the military. The literature review yielded a great deal of information on this model, as it has become a national model for high-quality childcare (NWLC, n.d.). The Military Child and

Youth Development Program is comprised of four components (Military Family Resource Center [MFRC], n.d.). These components are child development centers, family childcare, school-age care, and resource and referral. One important feature of this program is the emphasis that is placed on high-quality childcare. President Clinton declared it a model for the nation (Clinton, 1997).

The third research question addressed which components of the current dependent care models would best suit the needs of the MFD. The literature review uncovered various criteria that employers have considered when developing dependent care programs. Sher and Fried (1994) have developed a step-by-step process to create a dependent care program. These steps start with an assessment of the employer's perspective on dependent care. The process continues with a determination of the employee's needs and the community's ability to meet it. The final step is an evaluation of the gaps between the needs and the services available.

Crawford (1990) discusses the rationale behind the policies and programs involving dependent care. She argues, "traditions often stand in the way of some corporate policymakers' recognition of workers' family concerns. To more fairly distribute worker benefits, then, corporate officers may need to update their views of women's and men's 'proper roles'" (p.86).

In a position paper, the Charlotte-Mecklenburg Workforce Development Board (2002) explores the potential obstacles to implementing a dependent care program. The obstacles listed are cost, equity in benefits packages, and "leadership not prioritizing work/life programs" (p.2). Recommendations to overcome these include careful planning, understanding all the options, and building momentum by starting small.

Finally, Kelly (2003) looks at the financial and public policy implications of various dependent care programs. She states "dependent care expense accounts are arguably the most

important public policy concerning childcare in the United States” (p.4). Speaking on employer-sponsored childcare centers, Kelly says, “in addition to building or renovation costs, childcare centers are expensive to operate even when organizations contract the day-today operations out” (p.8). Kelly suggests that an organizational capacity for new benefits depends on size, age, and sector (private versus public).

DISCUSSION

The first research question asks what are the dependent care needs of the MFD? While the literature review showed that there are a few models to determine an organization’s dependent care needs, the four-step process recommended by Sher and Fried (1994) seemed the most comprehensive. The Sher and Fried model address the same three steps as the fire service model put forth by Lasha (1990), and adds a final evaluative step.

To determine an organization’s needs Sher and Fried (1994) recommend the following four-step needs assessment:

- Examine the company’s goals and culture and look at any problems, such as tardiness and absenteeism, from the company’s point of view.
- Assess the employees’ needs.
- Perform a market study of available local care.
- Compare the data you have gathered with the care options that are available.

An examination of company problems, such as absenteeism is the first step.

Absenteeism is a particularly important issue for the MFD, as Clack (2001) noted, there has been an increase in sick leave usage and it has impacted the ability of the MFD to do business. The

dependent care survey of the MFD reveals some information about this issue. Question eight of the dependent care survey asks about sick leave usage to care for a dependent. Only 39 people answered this question, but all 44 respondents with dependents were asked how many times since January 1, 2000, they had used sick time to care for a dependent. Twenty-four people, 55% of the 44 respondents with dependents, had used at least one shift and 21, or 48 % of the respondents with dependents, had used two or more shifts. This appears to indicate that there may be a viable organizational benefit to examining dependent care and its impact on sick leave usage.

Continuing with the Sher and Fried model, the dependent care survey begins the process of assessing employee needs. Of the 62 respondents, 44 or 71% had dependents. Of the 44 respondents reporting having dependents, 28 or 64% had at least one dependent who required supervised care and 16 respondents reported having two to four dependents requiring care. When ranking the importance of factors in selecting dependent care, the respondents ranked quality of care as the most important factor. The hours available and the flexibility in scheduling were the next two factors, perhaps demonstrating the need for dependent care for those working non-standard hours. (See Appendix D for complete results.) In answer to what they would most like to see in an employer-sponsored dependent care program, the respondents ranked a centrally located site, school-age care, drop-in care, and employer-sponsored care as the top four considerations.

In summary, the MFD appears to have a need for dependent care as evidenced by the problem of sick leave usage and the number of respondents who have used sick leave to care for a dependent. Further evidence is the number of respondents who have dependents that require supervised care. The respondents' dependent care needs center around quality care which is

centrally located in Minneapolis, includes school-age care, is available on a drop-in basis, and can be scheduled on a flexible basis. Ideally, this care would be employer sponsored.

The second research question asked what are the current employer-provided or employer-assisted dependent care programs available? Crawford (1990) lists dependent care spending accounts, on-site and off-site childcare centers, parental leave, educational resources, voucher systems, flextime work schedules, and dependent care consortia as potential employer-assisted dependent care models. The USDOL (1998) adds school-age care, sick childcare, back-up care, care for non-standard hours, and children in the workplace to the list of options.

Kelly (2003) states that 30-50% of the employers in the United States provide a dependent care spending account. These accounts are beneficial for both employers and the employees. The employees can reduce their taxable income and pay for dependent care on a pre-tax basis. The employer benefits in that they are not required to pay Social Security or Medicare on the money that is put into the spending account (Sher & Fried, 1994). These accounts are also easy to administer and “allow the organization to present themselves as ‘family-friendly’” (Kelly, 2003, p.13). The down side of these accounts is the employee must estimate an amount to put aside for the year. If this estimation is inaccurate, whatever money is left in the account is lost by the employee at the end of the year. Another obstacle to spending account use is the caregiver must provide their social security or employee identification number so that the employee can collect money from the account (Kelly).

On-site childcare centers seem to have practical benefits to the organization, but “entail significant costs and may not meet the needs of many working parents” (Kelly, 2003, p.8). *Work and Family Flashletter* reports that “employer-supported child care is growing five times faster than other child care benefits” (Work/Life Benefits and Work and Family Connection Inc., 2000,

p.1). The report goes on to state “that the majority of employees with school-age children need care in the community in which they live rather than on-site” (Work/Life Benefits and Work and Family Connection Inc., 2000, p.1). In terms of best practices for on-site childcare centers, the USDOL report lists Allied Signals, Inc., with 70,500 employees and Trout-Blue Chelan, Inc., with 300 employees as two organizations that meet their criteria for best practices. Bookman (1995) outlines the Toyota Motor Manufacturing of Georgetown, Kentucky program as a single employer model of 24-hour, on-site care. These programs provide care for large numbers of children and appear to be most common for organizations with over 1,000 employees.

Parental leave is another component of dependent care. Up to 12 weeks of unpaid parental leave is guaranteed by the Family Medical Leave Act (FMLA) to care for a dependent if they are ill or after the birth/adoption of a child (Crawford, 1990). This leave requires that the employee has worked at least 1,150 hours in the previous year and is applicable only to firms with more than 15 employees (Crawford). There are a wide range of parental leaves that are a statutory right in Western Europe, including “West Germany’s policy that allows for 100% of the employee’s salary to be paid for 14 to 19 weeks of the 14 to 26 weeks of allowed leave” (p.25). Sher and Fried (1994) speak to the need for employers to go beyond the FMLA and list options for leave that include revising sick leave policies. These revisions include conversion to personal leave allowing parents to care for sick children, attend school conferences, or volunteer for school functions. They also discuss revising sick leave policies that look at occurrences of usage to determine if they are fair to working parents of young children. The USDOL (1998) lists three examples of parental leave policies that go beyond FMLA. These include paid parental leave, not charging an employee’s sick leave bank for time used to care for a family illness, and allowing paid time off for school activities.

Providing educational resources for employees seeking dependent care is another program component. This can range from providing speakers for lunch hour educational seminars to resource and referral for employees who are in need of a new elder care provider (USDOL, 1998). This is a very inexpensive resource that the employer can provide and is often an initial step in employer-sponsored dependent care (Sher & Fried, 1994).

Voucher programs to assist with dependent care range from a bonus program similar to the one offered by Lake Associates of Albany, New York which pays an hourly bonus to help with childcare costs, to the 15% discount on weekly day care tuition that the Mirage Resorts, Inc. offers employees (USDOL, 1998). Crawford (1990) discusses employer programs that reserve spots in local care centers for a small fee. These programs can be cost prohibitive and often are used after other options have been exhausted (Kelly, 2003).

Bookman (1995), Crawford (1990), Kelly (2003), and the USDOL (1998) all list consortia as a very viable means for employers to assist with dependent care. The consortia can consist of union and labor in a specific industry, a variety of industry types all within one community, or a variety of industries within one organization. The strength of the consortia seems to be the increase in resources that can be used to provide a wide range of dependent care options. It is interesting to note that while the military model has been looked at as a national model, it is essentially a large consortium. While the military may place special emphasis on quality, it relies on local community resources to provide the dependent care (MFRC, n.d.). One hidden benefit of this option is that community involvement tends to make the programs become self-sufficient (Sher & Fried, 1994).

School-age care, back-up care, and sick childcare programs all have similar components. They all involve care that is temporary, usually unscheduled, and necessary on short notice (Sher

& Fried, 1994). The best practices report highlights summer and holiday break camps for school-age care. It also includes reserved spots in care centers as back-up care and retaining nurses that report to the home of the employee when they have a sick child (USDOL, 1998). All of the organizations listed in these sections of the best practices are quite large, having what Kelly (2003) refers to as “economies of scale that make it easier and more reasonable to offer childcare programs” (p.15).

The final model of current dependent care is that of children in the workplace. This model falls into what Sher and Fried (1994) refer to as “other creative options” (p.38). The USDOL (1998) report states “smaller companies are exploring manageable options for meeting the needs of their employees. One that several have found particularly effective is allowing children at work. They have found it builds loyalty and trust and helps them retain valued workers” (p.24). The examples cited in the report only discuss infants in the workplace. Even if space were created within the fire stations, this option would only be viable for the MFD if someone were hired to stay at the stations to care for the children when their parents went out on an emergency call.

In summary of question two, there is a wide range of employer-provided or employer-assisted dependent care models from which the MFD can select components. Some of these programs such as the on-site centers and voucher programs are better suited to a larger organization. Some, like the children at work program, are best suited to standard work hours and jobs that allow the employee to stay at one site. The remaining programs all seem to have pieces that the MFD can potentially utilize should it construct a dependent care program.

Which components of the current employer-provided or employer-assisted dependent care models best suit the needs of the MFD? Sher and Fried (1994) begin the evaluation process by answering the following questions:

- What are the company's current or anticipated problems?
- Could they be related to childcare?
- What do we think the work force will look like five years from now?
- What hard data was gathered from the survey?

While it is beyond the scope of this research project to conduct a complete analysis of the MFD's current or anticipated problems, two problems are quite glaring. Clack (2001) clearly explains the issue of increasing sick leave usage and its impact on the ability of the MFD to deliver effective emergency services. A second problem is the budgetary constraints that have led to the recent layoff of 44 fire fighters and the anticipated layoff of another 60. This combination of staffing shortages and the lack of funds to pay any overtime to replace fire fighters does have, and will have, a definite impact on service delivery.

Could these be related to childcare? The results of the dependent care survey show that 55% of the respondents with dependents had used sick leave to care for a dependent. Since there is no current sick-child care program or back-up child care program, the MFD sick leave problem could be related to childcare.

There are some good indicators to determine what the workforce might look like in five years. The MFD hired nearly 220 fire fighters from 1999 through 2002. This hiring replaced nearly half the entire MFD workforce. Many of the 220 hired were of child-rearing age (Forte & Bleskachek, 2002). Since the MFD has experienced the layoffs and anticipates future layoffs, there is no current plan for any new hiring, but simply to recall the fire fighters who have been

laid off. Consequently, in five years, the workforce will look much as it did prior to the layoffs. This has the potential to put further emphasis on dependent care programs.

What hard data was generated from the survey? In the dependent care survey the respondents listed quality care, hours of availability, and flexible scheduling as the most important factors in selecting dependent care. What the respondents most wanted to see in employer-sponsored dependent care was a centrally located facility, school age and drop-in care available, and employer sponsorship. When considering employee needs it is important to balance them with the resources of the employer (Crawford, 1990). Since the MFD is in a time of severe budget constraints, those programs requiring financial support will be least feasible.

When considering the various models of dependent care, those within the public sector and those that deal with non-standard hours seem to be most applicable to the MFD. The military model meets both these criteria. This model contains four components: child development centers, family childcare, school-age care, and resource and referral (MFRC, n.d.).

In regards to the first component, childcare centers, Crawford (1990), Sher and Fried (1994), and Kelly (2003) all refer to the tremendous cost of this type of program. They recommend a minimum of 80 confirmed dependents who would use the center, before even considering an on-site center. Most of the organizations that had on-site centers in the USDOL (1998) best practices report had in excess of 1,000 employees. This would lead one to conclude that this model would only be feasible for the MFD if it were part of a consortium.

The family childcare component of the military model is similar to the USDOL (1998) back-up or sick-child care in that it provides for care when a child is sick or when other care is not available. The military model has both reserved spots at designated care centers and caregivers who go to the employee's home to provide back-up or sick child care (MFRC, n.d.).

Sher and Fried (1994) state that these programs are popular in that they are substantially less expensive than other programs and they have been shown to increase productivity. Since absenteeism is one of the MFD concerns and drop-in care is one of the components that the employees want to see in a dependent care program, this model may be very appropriate.

The third component of the military childcare model is school-age care. This program partners with community resources, such as youth centers or schools, to provide care during the hours before and after school. “There is a critical need for school-age child care programs.... The key to operating school-age programs is collaboration” (Sher & Fried, 1994, p.24). These programs can be as extensive as transporting children to fully staffed care centers or as minimal as providing activity kits to older children for use after school. According to Kelly (2003), this program need not be cost prohibitive. This type of program would meet the stated needs of the MFD respondents for school-age care and flexibility of scheduling. There are a number of school-age programs available in the Minneapolis metropolitan area (Minneapolis Community Education Services, 2003). Information on these programs would be a beneficial addition to any MFD dependent care program.

The final component of the military model, and one mentioned in all the literature reviewed, is resource and referral. It appears to be the most basic and least expensive service that an employer can provide. This component consists of either contracting with a referral agency or developing a resource list from which employees can select dependent care providers. This program may also include a library with resources on a variety of dependent care topics. Bookman (1995) speaks to the importance of resource and referral for those working non-standard hours. Often employees do not have the experience or expertise to select quality dependent care. This problem is compounded when the choices are limited because the hours of

availability do not match the employee's work schedule. By providing the resources, the employer can significantly reduce the employee's stress in selecting dependent care (Sher and Fried, 1994). A program such as this would address the primary concern of the MFD respondents, finding quality care. It could also address concerns about the hours available, location, and flexibility in scheduling. Since resource and referral is the least expensive to implement, it seems to meet MFD needs.

In the models discussed above, Bookman (1995), Crawford (1990), MFRC (n.d.), Sher and Fried (1994), and the USDOL (1998) all speak to the importance of pooling resources when dealing with the issue of dependent care, and recommend forming a consortium. Consortia can increase the options an employer has to choose from when deciding to provide assistance. The consortia can cross industry lines or labor/management lines. While labor is fairly new to the childcare issue, Work & Family Flashletter reports "child care issues cannot be isolated from other issues important to labor unions" (Work/Life Benefits and Work and Family Connection Inc., 2000, p.3). The more diverse the consortium, the greater the level of service provided (USDOL, 1998). Since the MFD has limited resources, is a union department, and employs fewer than 500 employees, becoming part of a consortium is a viable option.

A potential model that is not part of the military program is a family childcare providers network. This program networks family childcare providers who take children into their homes for care. Sher and Fried (1994) report that multi-site employers find these networks an equitable way to address the childcare needs of their organizations. Many family care providers are willing to provide 24-hour care and allow for school age children. Family care providers often have more flexible scheduling and are located throughout a region (MFRC, n.d.). This combination of factors may make a family care network an appropriate option for the MFD. One

drawback to these networks is that often these providers are not licensed. While licensure does not always equate with quality care, the quality of care will vary with family providers as it does with any other caregiver (Sher & Fried, 1994). The dependent care spending account can still be utilized with caregivers that are not licensed (City of Minneapolis, 2002).

The private sector has a number of alternative work scheduling options that may not be practical with the 24-hour schedule of the MFD, or the nature of providing emergency services. Telecommuting, for example will not work for fire suppression. Flex schedules that allow time off to pick children up from school would not fit with the 24-hour schedule. Some of the financial plans such as the dependent care spending account are truly viable options for the MFD, particularly since that program is already in place.

The MFD has a demonstrable need for dependent care. There is evidence to support the conclusion that this need will only increase in the future. The need for dependent care has, and most likely will, impact the ability of the MFD to provide emergency services. There are a number of dependent care options that are available to the MFD to address these needs.

RECOMMENDATIONS

Based on a review of the research regarding employer-provided or employer-assisted dependent care programs, there are a number of recommendations for the MFD. The first involves fully utilizing a current dependent care benefit. While the City of Minneapolis has a dependent care spending account available, only five of the respondents reported using the account. This spending account can provide substantial savings to both the employee and the employer. Developing an educational program to fully explain this program may increase its use.

The MFD could implement the least expensive of dependent care programs and begin an educational resource and referral program. This program could focus on the expressed needs of the MFD respondents, specifically quality care, flexible hours and scheduling, sites that are centrally located, and caregivers that provide drop-in and school age care.

As part of the resource and referral process, a market analysis of the available dependent care should be conducted. This would benefit both the resource and referral program, as well as continuing to assess the needs of the MFD. Future research might consist of a complete needs assessment of the MFD, with a focus on the corporate culture. The aforementioned market analysis, and a more qualitative survey of the dependent care needs of the MFD employee could be incorporated into the assessment. As part of the corporate culture assessment, the MFD may want to review current policies to determine what impact they have on employees with dependent care needs.

Further research could be conducted to determine any back-up or drop-in care options that may exist within the community. The MFD may want to consider reserving spots in a back-up care facility.

The MFD could examine the possibility of developing a family care network. Since most of the MFD respondents reported using spouse and family as care providers, perhaps networking amongst these caregivers could address the back up, drop-in, and school age care issues. This may be an area in which a coalition with labor, or other industry with non-standard hours may provide greater resources to provide a range of dependent care options.

The MFD could create an emergency dependent care program similar to the ones used in Santa Barbara or Suisun City, California. This would be an important component for large

emergency events spanning days. This program would hopefully increase the response to large-scale incidents.

Finally, the MFD must realize that once the childcare issue is resolved, the issue of caring for elderly parents is just beginning. This may become the larger issue in dependent care. To respond in an appropriate manner, a needs assessment will have to be an ongoing process. The programs put in place to resolve the childcare issue will become the framework with which the MFD can address all dependent care.

REFERENCES

- Albertson, C. (1996, September). Is my family safe? *Fire Chief*, 40, 52-54.
- Babbie, E. (2001). *The practice of social research* (9th ed.). Belmont, CA: Wadsworth/Thompson Learning.
- Bookman, A. (1995). *Care around the clock: Developing child care resources before 9 & after 5*. Retrieved May 15, 2003, from <http://www.nccic.org/pubs/carecloc.html>
- Bureau of Labor Statistics. (1998, August). Employer-sponsored childcare benefits. *Issues in Labor Statistics*. Retrieved May 15, 2003, from <http://stats.bls.gov/ebshome.htm>
- Charlotte-Mecklenburg Workforce Development Board. (2000). *Barriers to successful employment in Charlotte-Mecklenburg balancing family and work life workers deal with dependent care responsibilities*. Retrieved December 12, 2002, from <http://www.charlotteworks.org/depndcarefactsheet.PDF>.
- City of Minneapolis. (2002). *Benefits packages for 2003*. Minneapolis, MN: Author.
- Clack, J.C. (2001). [Call back response of Minneapolis Firefighters]. Unpublished raw data.
- Clack, J.C. (2001). *Sick leave analysis and management* (Report # 31986). Emmitsburg, MD: National Fire Academy.
- Clinton, W.J. (1997). *Memorandum for the secretary of defense: Using lessons learned from the military child development programs to improve the quality of child care in the United States*. Retrieved June 3, 2003, from http://mfrc.calib.com/mcy/mm_letter.htm
- Crawford, L. E. (1990). *Dependent care and the employee benefits package*. Westport, CT.: Quorum Books.
- Forte, R.S. & Bleskachek, B.C. (2002, August). *Building a highly-qualified, diverse workforce*. Paper presented at the International Fire Rescue Conference, Kansas City, MO.
- Gay, L.R. (1999). *Educational research competencies for analysis and application* (6th ed.). Englewood Cliffs, NJ: Prentice-Hall.
- Kelly, E. (2003). *The strange history of employer-sponsored childcare: Interested actors, ambiguity, and the transformation of law in organizational fields*. Unpublished manuscript. University of Minnesota.
- Larson, K.P. (1994). *Establishing dependent care programs to assist emergency operations*. (Report # 24999). Emmitsburg, MD: National Fire Academy.

- Lasha, L.R. (1990). *Child care in the fire service why not?* (Report # 16935). Emmitsburg, MD: National Fire Academy.
- Marinucci, R. (1994, June). What happens when you leave? *Fire Engineering*, 147, 12.
- Mathis, A. (2001, Winter). Taking care of our families. *WFS Quarterly*, 16, 1-3.
- Military Family Resource Center. (n.d.). *Overview of military child development system*. Retrieved May 7, 2003, from http://mfrc.calib.com/mcy/mn_cdc.htm
- Minneapolis Community Education Services. (2003). *Minneapolis kids/family learning child care*. Retrieved June 5, 2003, from <http://www.mn-mcea.org/legislative/Umbrella.pdf>
- Minneapolis Fire Department. (2003, May). *Minneapolis Fire Department Business Plan*. Minneapolis, MN: Author.
- National Fire Academy. (1998). *Executive development student manual*. Emmitsburg, MD: Author.
- National Fire Academy. (2002). *Executive fire officer program operational policies and procedures applied research guidelines*. Emmitsburg, MD: Author.
- National Women's Law Center. (n.d.). *Tips for advocates: some ideas for how to use the military model to improve child care in your state*. Retrieved May 7, 2003, from <http://www.nwlc.org/pdf/MilitaryTips.pdf>
- Sher, M. L., & Fried, M. (1994). *Child care options: A workplace initiative for the 21st century*. Phoenix, AZ.: Onyx Press.
- Smith, D.M. (1990). *Support of disaster operations through a dependent care program*. (Report # 17217). Emmitsburg MD: National Fire Academy.
- Stevens, L. (1992, April). But who will watch the kids? *Fire Chief*, 36, 112-114.
- United States Department of Labor. (1998). *Meeting the needs of today's workforce: child care best practices*. Retrieved May 10, 2003, from <http://www.dol.gov/wb/childcare/child3.pdf>
- Women in the Fire Service. (1996). *Many faces, one purpose: A manager's handbook on women in firefighting* (FA196). Federal Emergency Management Agency/United States Fire Administration.
- Work/Life Benefits and Work and Family Connection, Inc. (2000, April). Employer-sponsored child care centers growing fast. *Work and Family Flashletter*. Retrieved May 23, 2003, from <http://www.workfamily.com>

Working Mother. (2002, December). The 100 best companies for working mothers list 2002. *Working Mother*. Retrieved December 12, 2002, from <http://www.workingmother.com/list.shtml>

APPENDIX A

MFD DEPENDENT CARE SURVEY

The following questionnaire is being administered as part of an applied research project for the National Fire Academy's Executive Fire Officer Program. The individual responses to the questionnaire will be kept confidential. The compiled results will be studied and reported in the final report on the research project. **Your participation is completely voluntary and is greatly appreciated.**

1) What is the length of your work shift?

- 8 hours
- 24 hours
- 48 hours

2) In your opinion, how important is it for the Minneapolis Fire Department to develop a dependent care program for use by its employees?

- very important
- important
- somewhat unimportant
- not important

3) What is your gender?

- female
- male

4) How many dependents do you have? (Dependents are those family members who can be claimed as dependents on your income taxes and for whom you are a primary provider.)

- I have no dependents – (Skip to end of survey)
- 1
- 2 to 4
- 5 or more

5) How many of your dependents require supervised care while you are on duty?

- none
- 1
- 2-4
- 5 or more

6) Who currently provides dependent care for your dependents?

- spouse/partner only
- spouse/partner and other care provider
- family member other than spouse/partner
- day care center
- live-in nanny
- dependent care cooperative
- other (Please specify in the space below.)

7) How do you currently pay for dependent care?

- employer sponsored dependent care spending account
- out of pocket
- trade time in dependent care cooperative
- other (Please specify in the space below.)

8) How many times since January 1, 2000 have you used your sick leave to care for one of your dependents?

- never
- 1 time
- 2-4 times
- 5 or more times

9) Rate the following factors in terms of importance when selecting dependent care.

	Very Important	Important	Slightly Important	Not Important
Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of care giver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scheduling Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After school care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensed Care giver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10) If employer-sponsored dependent care were available, in which of the following situations would you use it? (You may check more than one response.)

- I would not use it
- business hours (0800-1630) on the days that I work
- 24 hours on the days that I work
- call backs for large incidents
- training opportunities
- committee meetings
- other (please specify)

11) On average, how many hours of dependent care do you require during every six day rotation? (A rotation is the beginning of the first “A” day through the end of the second “C” day.)

- 0-8 hours
- 8-16 hours
- 16-24 hours
- 24-32 hours
- 32-40 hours
- 40-48 hours
- more than 48 hours

12) What would you most like to see in an employer provided dependent care program?
(You may select more than one answer.)

- centrally located in Minneapolis
- drop in care available
- on site care available
- 24 hour care available
- 48 hour care available
- employer subsidized
- infant/preschool care available
- school age care available
- adult care available
- other (please specify)

Thank you for your participation in this survey. Please email your completed survey to bonnie.bleskachek@ci.minneapolis.mn.us, forward it through interdepartmental mail to Bonnie Bleskachek, or mail it to Bonnie Bleskachek at the following address:

1780 8th Ave
Hammond, WI 54015

APPENDIX B

DEPENDENT CARE SURVEY RESULTS**Results are in bold type**

The following questionnaire is being administered as part of an applied research project for the National Fire Academy's Executive Fire Officer Program. The individual responses to the questionnaire will be kept confidential. The compiled results will be studied and reported in the final report on the research project. **Your participation is completely voluntary and is greatly appreciated.**

1) What is the length of your work shift?

12	<input type="checkbox"/>	8 hours
43	<input type="checkbox"/>	24 hours
7	<input type="checkbox"/>	48 hours

2) In your opinion, how important is it for the Minneapolis Fire Department to develop a dependent care program for use by its employees?

20	<input type="checkbox"/>	very important
18	<input type="checkbox"/>	important
15	<input type="checkbox"/>	somewhat unimportant
6	<input type="checkbox"/>	not important

3) What is your gender?

17	<input type="checkbox"/>	female
45	<input type="checkbox"/>	male

4) How many dependents do you have? (Dependents are those family members who can be claimed as dependents on your income taxes and for whom you are a primary provider.)

18	<input type="checkbox"/>	I have no dependents – (Skip to end of survey)
16	<input type="checkbox"/>	1
27	<input type="checkbox"/>	2 to 4
1	<input type="checkbox"/>	5 or more

5) How many of your dependents require supervised care while you are on duty?

- 14** none
12 1
16 2-4
0 5 or more

6) Who currently provides dependent care for your dependents?

- 16** spouse/partner only
11 spouse/partner and other care provider
6 family member other than spouse/partner
3 day care center
0 live-in nanny
0 dependent care cooperative
6 other (Please specify in the space below.)

Not needed

spouse is my dependent

nanny who is not a live -in

7) How do you currently pay for dependent care?

- 5** employer sponsored dependent care spending account
23 out of pocket
0 trade time in dependent care cooperative
5 other (Please specify in the space below.)

None required

No out of pocket expenses

Wife is full time mother

8) How many times since January 1, 2000 have you used your sick leave to care for one of your dependents?

- 15** never
3 1 time
16 2-4 times
5 5 or more times

9) Rate the following factors in terms of importance when selecting dependent care.

	Very Important	Important	Slightly Important	Not Important
Cost	11 □	16 □	5 □	3 □
Quality of care	33 □	3 □	0 □	1 □
Hours available	25 □	9 □	1 □	1 □
Location of care giver	8 □	21 □	6 □	1 □
Scheduling Flexibility	17 □	15 □	3 □	1 □
After school care	10 □	13 □	6 □	7 □
Licensed Care giver	19 □	9 □	5 □	3 □

10) If employer-sponsored dependent care were available, in which of the following situations would you use it? (You may check more than one response.)

- 13**□ I would not use it
- 16**□ business hours (0800-1630) on the days that I work
- 10**□ 24 hours on the days that I work
- 8** □ call backs for large incidents
- 10**□ training opportunities
- 5** □ committee meetings
- 5** □ other (please specify)

Golf outings or other fire department functions

11) On average, how many hours of dependent care do you require during every six day rotation? (A rotation is the beginning of the first “A” day through the end of the second “C” day.)

- | | |
|------------------------------------|--------------------|
| 16 <input type="checkbox"/> | 0-8 hours |
| 3 <input type="checkbox"/> | 8-16 hours |
| 5 <input type="checkbox"/> | 16-24 hours |
| 1 <input type="checkbox"/> | 24-32 hours |
| 5 <input type="checkbox"/> | 32-40 hours |
| 2 <input type="checkbox"/> | 40-48 hours |
| 3 <input type="checkbox"/> | more than 48 hours |

12) What would you most like to see in an employer provided dependent care program? (You may select more than one answer.)

- | | |
|------------------------------------|----------------------------------|
| 21 <input type="checkbox"/> | centrally located in Minneapolis |
| 16 <input type="checkbox"/> | drop in care available |
| 1 <input type="checkbox"/> | on site care available |
| 10 <input type="checkbox"/> | 24 hour care available |
| 3 <input type="checkbox"/> | 48 hour care available |
| 16 <input type="checkbox"/> | employer subsidized |
| 13 <input type="checkbox"/> | infant/preschool care available |
| 18 <input type="checkbox"/> | school age care available |
| 4 <input type="checkbox"/> | adult care available |
| 1 <input type="checkbox"/> | other (please specify) |

Called for overtime-owe the city a day

APPENDIX C

WFS BULLENTIN BOARD POSTING

Posted 5/11/03 Reply to: bcbongo@hotmail.com or info@wfsi.org

HI. My name is Bonnie Bleskachek and I am a fire chief in Minneapolis. I am researching dependent care in the fire service and am not finding much. I am hoping that some of you will have information for me.

I am interested in hearing what dependent care options are currently available for fire service folk. Are there 24-hour options, employer-subsidized options, on-site care, or even dependent care spending accounts? If you have any information please email me at bcbongo@hotmail.com

Thanks for your help, and be safe!

Bonnie Bleskachek

APPENDIX D

EMAIL INQUIRY SENT TO FIRE DEPARTMENTS

From: bonnie.bleskachek[mailto:bcbongo@earthlink.net]
Sent: Tuesday, May 13, 2003
To:
Subject: EFO research on dependent care for the fire service

Hello. My name is Bonnie Bleskachek and I am a battalion chief in Minneapolis, Minnesota. I am doing research on dependent care for fire service employees. I am wondering what programs you have to provide your employees with or assist them in finding dependent care. I am also curious to know if you provide any monetary assistance in terms of spending accounts or any other assistance. Finally, if you know of any departments that provide these services, I would like to know that too.

Any information that you have can be emailed to me at the address above. Your assistance is greatly appreciated.

Sincerely,
Bonnie Bleskachek

Bonnie bleskachek
bcbongo@earthlink.net

The above email was sent to the following fire departments:

Portland, OE	Oklahoma City, OK
San Francisco, CA	
San Diego, CA	
Pittsburgh, PA	
Cleveland, TN	
Houston, TX	
Fairfax County, VA	
Milwaukee, WI	
Seattle, WA	
Denver, CO	
Austin, TX	
Boston, MS	
Chicago, IL	
Durham, NC	
Cheyenne, WY	
Las Vegas, NV	
Cincinnati, OH	
Tucson, AZ	
Kansas City, MO	